

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES**

**INQUIRY TO OPERATE A RESIDENTIAL CHILD-CARE FACILITY**

Name of Applicant/Administrator:

Mailing Address:

Phone Number:

E-Mail Address:

Agency Name:

Agency Site Address (No P. O. Boxes):

List County/Counties to be Served:

Type of Agency: ☐ Residential Child-Care; ☐ Emergency Care

Classification of Agency: ☐ For Profit; ☐ Not For Profit

Business Structure (Choose One): ☐ Sole Proprietorship; ☐ General Partnership;  
☐ Limited Partnership; ☐ Limited Liability Partnership; ☐ Limited Liability Company;  
☐ Professional Limited Liability Company; ☐ C Corporation; ☐ S Corporation;  
☐ Corporation with Board of Directors;  
☐ Commissioners or Appointed Officials of a Government Unit (Public Agencies)

Is the agency registered with the North Carolina Secretary of State's Corporation Division? ☐ Yes; ☐ No If "Yes," what is the exact wording of the agency's registered name?

Are you or any of the owners currently operating a residential child care facility (group home), maternity home or child placing agency in North Carolina or any other state? ☐ Yes; ☐ No If "Yes," give names and addresses of the agencies.

Have you or any of the owners previously operated a residential child care facility (group home), maternity home or child placing agency in North Carolina or any other state? ☐ Yes; ☐ No If "Yes," give names and addresses of agencies and dates they were licensed.

Have you or any of the owners been an owner, co-owner, partner, shareholder, principal, or affiliate of a licensed facility or agency that was assessed a penalty, had its license revoked, suspended or downgraded to provisional? ☐ Yes; ☐ No If "Yes," explain:

Administrator's Educational Experience [Degree(s); Name(s) of College(s) or University(ies); Dates of Attendance]:

Administrator's Work Experience [Names and Addresses of Employers, Dates of Employment, Positions Held, Description of Duties]:

Have you ever pled guilty or no contest to or been convicted of a crime other than minor traffic citations? ☐ Yes; ☐ No If Yes, explain:

Have you ever been substantiated for child abuse and/or neglect or disabled adult abuse and/or neglect? ☐ Yes; ☐ No If Yes, explain:

Do you have a criminal, social or medical history that will adversely affect your capacity to work with children and adults? ☐ Yes; ☐ No If Yes, explain:

**AUTHENTICATING SIGNATURE:** The undersigned certifies that the above information and the information attached are accurate and true representations. The undersigned further understands that the submission of this inquiry does not guarantee that the undersigned will receive a license to operate a residential child care facility.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH THE FOLLOWING:**

- A **Needs Assessment** for the county/counties you plan to serve [At a minimum describe the children you plan to serve, the number of children you anticipate needing your service, funding sources, referral sources (list agencies that will refer clients to you), any other documentation that describes the need for your service(s)].
- A proposed line-item **budget** detailing expenses and revenues. Include your fee schedule. Include specific sources of revenues. Describe your plan for meeting your budgetary needs during the first year of operation.
- A **list of all the owners** (co-owners, partners, shareholders, principals, affiliates) of the residential child care facility (group home) with their full legal names, addresses, phone numbers and social security numbers. Indicate percentage of ownership for each owner.
- The names of **three references** with addresses and phone numbers [two of the references must be from current or former employers]. If you operated a residential child care facility (group home), child-placing agency or maternity home in another state provide the name, address and phone number of a contact person with the licensing authority in that state. You must also submit letters from the licensing authority in the state where you currently operate or previously operated a residential child care facility (group home), child-placing agency or maternity home advising of your standing in the state.
- A **list of the members** of the Governing Body (Board of Directors, Partners, etc.). Give the name, address and term of membership of each member. Identify each officer and the term of the office.
- **Approval** from the local Zoning Authority.

**PLEASE NOTE THAT THE INQUIRY FORM MUST BE COMPLETED IN ITS ENTIRETY AND THE ABOVE FIVE ITEMS MUST BE ATTACHED. YOUR INQUIRY FORM WILL NOT BE PROCESSED UNTIL THIS INFORMATION IS SUBMITTED.**

Submit this inquiry and attachments to:  
 North Carolina Division of Social Services  
 Regulatory and Licensing Services  
 952 Old US Highway 70  
 Black Mountain, North Carolina 28711

Administrative Rules for Residential Child-Care Facilities are found in North Carolina Administrative Code Chapter 10A NCAC Subchapters 70I and 70J. These rules can be accessed at the following web site: <http://www.dhhs.state.nc.us/dss/licensing/> Please review these rules.

It is important to understand that the Division of Social Services **ONLY** licenses group homes for children who are assessed with Level I needs. These are primarily children who are removed from their own homes due to abuse, neglect and/or dependency. The plan for the children usually pertains to reunification with parents or a guardian or an adoptive family. Independent living programs are provided in group homes licensed by the Division of Social Services.

The Division of Social Services does not license group homes for children who need behavioral mental health treatment services. These are children who are assessed with Level II, Level III or Level IV needs or display behaviors requiring behavioral mental health treatment services. You cannot provide services to these children in a group home licensed by the Division of Social Services. The Division of Facility Services licenses group homes for children needing behavioral mental health treatment services. The web site for the Division of Facility Services is: <http://facility-services.state.nc.us> Click on Forms and Applications, then page down to Mental Health Licensure and Certification Section.

Funding for children in group homes licensed by the Division of Social Services is based on your facility rate. It can take one to two years to establish a facility rate. You will need to negotiate with county departments of social services for fees. However until you establish a facility rate the department of social services will only receive reimbursement from the state and federal governments based on the foster care board rate. The current board rate is children 0-5 \$390 per month, children 6-12 \$440 per month and children 13-18 \$490 per month. Of this amount \$15 per month is considered a personal needs allowance for the child.

**Rate Setting Information**

This information can be found online at  
<http://www.dhhs.state.nc.us/control/fcf/fcfac.htm>.

A link to this page can also be found by clicking on our Service Delivery tab.

The Division of Facility Services, Construction Section will need to approve the facility. The Construction Section will determine if the facility meets building codes and fire codes. They will also determine the capacity of the facility and the age range of children who can be admitted.